

Michigan Department of Community Health
Board of Respiratory Care
P.O. Box 30670
Lansing, Michigan 48909
(517) 335-0918
www.michigan.gov/healthlicense

RESPIRATORY THERAPIST LICENSURE INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended
This form is for information only.

NOTE: It is your responsibility to have all required documentation sent to the Board of Respiratory Care. Questions regarding your application can be directed to the Michigan Board of Respiratory Care at (517) 335-0918 three weeks after the date you sent the application. Please allow 4-6 weeks processing time.

RESPIRATORY THERAPIST LICENSURE - BY GRANDFATHERING (must have current RRT or CRT credential from NBRC and must apply by grandfathering prior to December 1, 2006)

1. Complete the application and submit the appropriate fee. A check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. Applications received without a fee will be returned to you and will not be considered by the Board until the proper fee has been received. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
2. Arrange for an official report of your national examination scores and credentialing status to be forwarded to the Board office directly from the National Board of Respiratory Care (NBRC). NBRC can be contacted at (913) 599-4200 or on their website at www.nbrc.org.
3. Verification of licensure from any state where you hold or have ever held a permanent respiratory therapist license. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure Form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.

RESPIRATORY THERAPIST LICENSURE - BY EXAMINATION (for individuals who apply for full license after December 1, 2006).

1. Complete the application and submit the appropriate fee. A check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. Applications received without a fee will be returned to you and will not be considered by the Board until the proper fee has been received. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
2. Arrange for final, official transcripts showing completion of at least a 2-year associate's degree program to be forwarded directly to this office from a Board approved college or university.
3. If this degree program did not include your training as a respiratory therapist, then you must arrange for transcripts of your respiratory therapy education to be forwarded directly to this office from a Board approved educational program.
4. Complete Section I of the Certification of Completion of Respiratory Therapy Program form. For Section II, forward the form to the Program Director of the respiratory therapist educational program for completion. The Certification of Completion of Respiratory Therapy Program form must be submitted directly to the Board of Respiratory Care from the Program Director.

5. Arrange for an official report of your national examination scores and credentialing status to be forwarded to the Board office directly from the National Board of Respiratory Care (NBRC). NBRC can be contacted at (913) 599-4200 or on their website at www.nbrc.org.
6. Verification of licensure from any state where you hold or have ever held a permanent respiratory therapist license. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure Form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.

RESPIRATORY THERAPIST- TEMPORARY LICENSURE

This license is available to applicants who have been employed for at least 5000 hours as a respiratory therapist in the four years immediately preceding the date of application, but who need to take the NBRC exam to obtain full licensure. The temporary license is renewed annually and can be held for no more than four years. You must apply for the temporary license prior to December 1, 2006.

1. Complete the application and submit the appropriate fee. A check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. Applications received without a fee will be returned to you and will not be considered by the Board until the proper fee has been received. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
2. Complete Section I of the Certification of Employment as a Respiratory Therapist form. For Section II, forward the form to the Medical Director of the health facility where you are employed. The Certification of Employment as a Respiratory Therapist form must be submitted directly to the Board of Respiratory Care from the Medical Director.
3. Verification of licensure from any state where you hold or have ever held a permanent respiratory therapist license. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure Form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.

RESPIRATORY THERAPIST LICENSURE - UPGRADE FROM TEMPORARY TO FULL LICENSE (must hold a current temporary respiratory therapist license)

1. Complete the application and submit the appropriate fee. A check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. Applications received without a fee will be returned to you and will not be considered by the Board until the proper fee has been received. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
2. Arrange for an official report of your national examination scores and credentialing status to be forwarded to the Board office directly from the National Board of Respiratory Care (NBRC). NBRC can be contacted at (913) 599-4200 or on their website at www.nbrc.org.
3. Verification of licensure from any state where you hold or have ever held a permanent respiratory therapy license. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure Form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.

RESPIRATORY THERAPIST LICENSURE - BY EXAMINATION (foreign trained)

1. Complete the application and submit the appropriate fee. A check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. Applications received without a fee will be returned to you and will not be considered by the Board until the proper fee has been received. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
2. If you are registered as a respiratory therapist in Canada, you must provide:
 - a. verification of your Canadian registration, sent directly to our office from the Canadian licensing authority **AND**
 - b. an official report of your national examination scores and credentialing status that is forwarded to the Board office directly from the National Board of Respiratory Care (NBRC). NBRC can be contacted at (913) 599-4200 or on their website at www.nbrc.org.
3. If you are a foreign-trained respiratory therapist, you must provide:
 - a. verification that your registration in your country is in good standing whether it is current or expired.
 - b. an official evaluation of your respiratory therapy education that is sent to our office directly from a credentialing evaluation organization.
 - c. an official report of your national examination scores and credentialing status that is forwarded to the Board office directly from the National Board of Respiratory Care (NBRC). NBRC can be contacted at (913) 599-4200 or on their website at www.nbrc.org.

RESPIRATORY THERAPIST LICENSURE - BY ENDORSEMENT

1. Complete the application and submit the appropriate fee. A check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. Applications received without a fee will be returned to you and will not be considered by the Board until the proper fee has been received. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
2. Verification of licensure from any state where you hold or have ever held a permanent respiratory therapist license. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure Form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.
3. If you have been licensed in another state for at least five years, you only need to submit #1 and #2 above.
4. If you have not been licensed in another state for at least five years, in addition to #1 and #2 above, also provide:
 - a. transcripts of your respiratory education that are sent to the Board office, directly from a board-approved educational program. **AND**
 - b. an official report of your national examination scores and credentialing status that is forwarded to the Board office directly from the National Board of Respiratory Care (NBRC). NBRC can be contacted at (913) 599-4200 or on their website at www.nbrc.org.

GENERAL INFORMATION

1. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes please notify the Board of Respiratory Care in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. REFUND POLICY: If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Respiratory Care in writing to request a refund.

**APPLICATION FOR LICENSURE AS A
RESPIRATORY THERAPIST**

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

Type or Print Only

I AM APPLYING FOR THE FOLLOWING:

- | | |
|---|--------------------------|
| <input type="checkbox"/> Respiratory Therapist License by Examination | Fee: \$ 95.00 71-4401-01 |
| <input type="checkbox"/> Respiratory Therapist License, Temporary to Full License | Fee: \$ 95.00 71-4401-01 |
| <input type="checkbox"/> Respiratory Therapist License, Grandfathering | Fee: \$ 95.00 71-4401-01 |
| <input type="checkbox"/> Respiratory Therapist Temporary License | Fee: \$ 95.00 71-4401-04 |
| <input type="checkbox"/> Respiratory Therapist License, Endorsement | Fee: \$ 95.00 71-4401-09 |

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

Board Use Only

License Number

Date of Licensure

| | | |
|--|---------------|-------------------------------------|
| First Name | Middle Name | Last Name |
| U.S. Social Security Number | Date of Birth | Daytime Telephone Number () |
| Street Address | | |
| City | State | ZIP Code |
| All Previous Names and/or Birth Name Used (if applicable) | | |
| Have you ever taken the NBRC Examination? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date of exam: _____ | | |
| Have you ever held a health professional license in Michigan? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, list Michigan Permanent I.D./License Number and Expiration Date: _____ | | |

Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.

| | |
|--|--|
| 1. Have you ever been convicted of a felony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you been treated for substance abuse in the past 2 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| |
|------------------|
| Applicant's Name |
|------------------|

| | |
|--|--|
| 7. Have you ever had a federal or state health professional license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Do you hold or have you ever held a respiratory care license in any state? If so, list each state, the license number, the date issued, and how the license was obtained (either endorsement or examination). You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| State | License/Registration Number | Date of Issue | How Obtained (Endorsement or examination) |
|-------|-----------------------------|---------------|--|
| | | | |
| | | | |
| | | | |
| | | | |

**Provide a complete chronological record of your educational preparation.
Attach additional sheets if necessary.**

| Name and address of Institution | Dates of Attendance From To | | Degree |
|---------------------------------|--------------------------------|--|--------|
| | | | |
| | | | |
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CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

| | |
|------------------------|------|
| Signature of Applicant | Date |
|------------------------|------|

Michigan Department of Community Health

Board of Respiratory Care

P.O. Box 30670

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

CERTIFICATION OF EMPLOYMENT AS A RESPIRATORY THERAPIST

Authority: Public Act 368 of 1978, as amended
 If this form is not completed, a certification will not be issued.

SECTION I - APPLICANT INFORMATION

Instructions: Applicant must complete Section I. Type or print your name exactly as it appears on your application. Send this form to the Medical Director of the health facility where you are employed for completion of Section II. The Medical Director should send the completed form directly to the Board.

| | | |
|--------------------------|---|---------------|
| First Name | Middle Name | Last Name |
| Social Security Number | | Date of Birth |
| Street Address | | |
| City | State | ZIP Code |
| Daytime Telephone Number | All Previous Names and/or Birth Name Used (if applicable) | |

SECTION II - CERTIFICATION OF EMPLOYMENT

Instructions: Medical Director must complete Section II and return it directly to the Michigan Board of Respiratory Care at the address given above.

| | | |
|---|-------|--|
| Name of Health Facility | | |
| Street Address of Health Facility | | |
| City | State | Zip Code |
| <p>I certify that _____ is clinically competent (Applicant's Name)</p> <p>and has been employed for at least 5000 hours from _____ to _____ (Month/Day/Year) (Month/Day/Year)</p> <p>with _____ as a Respiratory Therapist. (Name of Health Care Facility)</p> | | |
| Signature of Medical Director | | Date of Signature |
| Print or Type Name | | SEAL (If health facility has no seal, please indicate) |

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the American Disabilities Act, you may make your needs known to this agency.

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CERTIFICATION OF COMPLETION OF A RESPIRATORY THERAPY PROGRAM

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a certification will not be issued.

SECTION I - APPLICANT INFORMATION

Instructions: Applicant must complete Section I. Type or print your name exactly as it appears on your application. Send this form to the Program Director of your respiratory therapy educational program for completion of Section II. The Program Director should send the completed form directly to the Board.

| | | |
|--------------------------|---|---------------|
| First Name | Middle Name | Last Name |
| Social Security Number | | Date of Birth |
| Street Address | | |
| City | State | ZIP Code |
| Daytime Telephone Number | All Previous Names and/or Birth Name Used (if applicable) | |

SECTION II - CERTIFICATION OF COMPLETION OF A RESPIRATORY THERAPY PROGRAM

Instructions: Program Director must complete Section II and return it directly to the Michigan Board of Respiratory Care at the address given above.

| | | |
|---|-------|-------------------|
| Name of School | | |
| Street Address of School | | |
| City | State | ZIP Code |
| <p>I certify that _____ completed the</p> <p style="text-align: center;">(Applicant's Name)</p> <p>Respiratory Therapy Program at _____ He/She was awarded a</p> <p style="text-align: center;">(Name of School)</p> <p> <input type="checkbox"/> Degree <input type="checkbox"/> Certificate on _____ </p> <p style="text-align: center;">(Month/Day/Year)</p> | | |
| Signature of Program Director | | Date of Signature |
| Print or Type Name of Program Director | | (SEAL) |
| (If school has no seal, please indicate) | | |

Michigan Department of Community Health
Bureau of Health Professions
P.O. Box 30670
Lansing, MI 48909
www.michigan.gov/healthlicense

VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.

| | | |
|--|--|---|
| Check the profession for which you are requesting verification. | | |
| <input type="checkbox"/> Audiology <input type="checkbox"/> Chiropractic <input type="checkbox"/> Counseling <input type="checkbox"/> Dentistry <input type="checkbox"/> Marriage & Family Therapy | <input type="checkbox"/> Medicine <input type="checkbox"/> Nursing <input type="checkbox"/> Nursing Home Adm. <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Optometry | <input type="checkbox"/> Osteopathy <input type="checkbox"/> Pharmacy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Physician's Assistants <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Psychology <input type="checkbox"/> Respiratory Therapy <input type="checkbox"/> Sanitarians <input type="checkbox"/> Social Work <input type="checkbox"/> Veterinary | | |
| First Name | Middle Name | Last Name |
| Previous Names Used | Date of Birth | U. S. Social Security Number |
| State Board | License Number | Date of Issue |

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State.
Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

PART II: To be completed by the State Licensing Board.

| | | |
|---|---|-----------------|
| Type of License: | Original Issue Date | Expiration Date |
| Basis for Issuance of License: | | |
| <input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.) _____ | | |
| <input type="checkbox"/> Endorsement - Please indicate name of state _____ | | |
| License Status | Has the applicant incurred any formal or informal actions in your State? | |
| <input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive | <input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions. | |
| Are formal or informal actions pending? | Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked? | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | |

CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

Signature

Date

Type or Print Name

(S E A L)

Title

Full Name of Licensing Board